



**BUREAU OF AUTOMOTIVE REPAIR
LICENSING UNIT**
10240 Systems Parkway
Sacramento, CA 95827
Phone (916) 255-3145



CHANGE OF NAME/ADDRESS/CORPORATE OFFICERS OR DIRECTORS

CHANGE TYPE: *Please check applicable box(es)*

- ☐ Change of name (Complete items 1, 2, and 6)
☐ Change of physical address (Complete items 1, 3, and 6)
☐ Change of mailing address (Complete items 1, 4, and 6)
☐ Change of corporate officers or directors (Complete items 1, 5, and 6)

Department Use Only

Initials _____

Date Processed _____

ATTACHMENTS REQUIRED:

If you are a business (Individual/Partnership/Corporation), you must attach your **ORIGINAL** ARD Registration and **ALL** associated licenses. Post photocopies of your original license(s) in your shop until you receive the new license(s).

MAIL COMPLETED FORM AND ALL ATTACHMENTS TO THE LICENSING UNIT AT THE ABOVE ADDRESS.

Current Business Name _____

Please type or print legibly

1. License or Registration Number _____

2. Change of Name From: _____ To: _____

3. Change of Residence or Business Address (*Please check ☐ residence or ☐ business*)

Number and Street City State Zip Code Phone Number

From:

Number and Street City State Zip Code Phone Number

To:

4. Change of Mailing Address (*If different from physical address*)

Number and Street or Post Office Box City State Zip Code

From:

Number and Street or Post Office Box City State Zip Code

To:

5. Change of Corporate Officers (*Provide the old officer's name and the new officer's name and Drivers License Number*) and

Corporation Number: _____

PRESIDENT	From: _____	To: _____	Drivers License # _____
SECRETARY	From: _____	To: _____	Drivers License # _____
TREASURER	From: _____	To: _____	Drivers License # _____

6. Certification

I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all statements made on this form and on all attached documents are true and correct.

Signature _____ Date _____

Licensed Technician, Adjuster, Owner, or Corporate Officer